

PROOF OF CLAIM

United States Bankruptcy Court District of Idaho Instructions: Complete this form and mail to: US Bankruptcy Court, 550 West Fort St. MSC 042, Boise, ID 83724	PROOF OF CLAIM Chapter (please check appropriate box): 7 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.	THIS SPACE FOR COURT USE ONLY U.S. COURTS JAN 29 AM 10:51 FILED CLERK S. BURKE, IDAHO
In Re: (NAME OF DEBTOR) <u>Sawtooth Enterprises, Inc.</u>	CASE NUMBER: <u>96-03050</u>	
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property): <u>Cornelia Russo</u> <u>P.O. Box 6332 402 Junger Rd.</u> <u>Sun Valley, Idaho 83354-6332</u>	NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC §503.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>Tim Wells, new owner</u>	Check here if this claim: <input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS a previously filed claim dated:	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Assignment <input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. §1114(a) <input checked="" type="checkbox"/> Wages, salaries and compensation: Social Security #: <u>216-48-1358</u> Unpaid compensation for services performed from <u>11/17/96</u> to <u>11/22/96</u> <u>\$7.00 hr 32 1/2 hrs</u> <div style="text-align: right;"><u>+ penalties Idaho SEC 45</u></div>		
2. DATE DEBT OCCURRED: <u>11/22/96</u>	3. IF COURT JUDGMENT, DATE OBTAINED: <u>606-45-617 #3 attached</u> <u>325 copy Dept of Labor statement of claim</u>	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following: a. Secured b. Unsecured Nonpriority c. Unsecured Priority It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED. <u>\$227.50 + penalty Idaho Sec 45 - 606-45-617 #3 attached.</u>		
SECURED CLAIM: \$ _____ Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly) Amount of Arrearage and other charges at time case was filed included in secured claim above, if any: \$ _____	UNSECURED PRIORITY CLAIM: \$ <u>\$227.50 + penalty</u> SPECIFY THE PRIORITY OF THE CLAIM: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4). <input type="checkbox"/> Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6). <input type="checkbox"/> Taxes or penalties of governmental units - 11 USC § 507(a)(7). <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a) _____	
5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED: UNSECURED: \$ <u>227.50</u> SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ <u>227.50 + penalty if applicable</u> <input checked="" type="checkbox"/> Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.		THIS SPACE FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, assignments, deficiency documents, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>employer last time card - my personal</u> <u>Receipt attached on Dept of Labor statement of claim</u>		<u># 21</u>
DATE: <u>1/26/97</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Cornelia J. Russo</u>	
TELEPHONE No: <u>(208) 622-3639</u>		